

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Halloran 2012

ADDRESS (number and street)

166-06 24th Road

Check if different than previously reported. (ACC)

Whitestone

NY

11357

2. FEC IDENTIFICATION NUMBER ▼

C C00523324

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NY

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / 11

D D / 06

Y Y Y Y / 2012

in the State of

NY

5. Covering Period

M M / 10

D D / 18

Y Y Y Y / 2012

through

M M / 11

D D / 26

Y Y Y Y / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy H. Watkins

Signature of Treasurer Nancy H. Watkins

[Electronically Filed]

Date

M M / 12

D D / 06

Y Y Y Y / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 48

Write or Type Committee Name

**Halloran 2012**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

To:

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2012			

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	61155.00	180792.00
(b) Total Contribution Refunds (from Line 20(d)) .....	2950.00	3400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	58205.00	177392.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	35190.43	118142.26
(b) Total Offsets to Operating Expenditures (from Line 14).....	300.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	34890.43	118142.26
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>		
	612.32	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>		
	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>		
	30052.19	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Halloran 2012

Report Covering the Period: From:  /  /  To:  /  /

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2012"/> (date after general election)  through <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="55400.00"/>	<input type="text" value="149580.00"/>	<input type="text" value="0.00"/>
(ii) Unitemized		
<input type="text" value="1955.00"/>	<input type="text" value="20862.00"/>	<input type="text" value="25.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="57355.00"/>	<input type="text" value="170442.00"/>	<input type="text" value="25.00"/>
(b) Political Party Committees		
<input type="text" value="500.00"/>	<input type="text" value="500.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="1300.00"/>	<input type="text" value="7850.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 48

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
2000.00	2000.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
61155.00	180792.00	25.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
300.00	0.00	300.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
61455.00	180792.00	325.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 48

Write or Type Committee Name

Halloran 2012

 Report Covering the Period: From:  /  /  To:  /  / 
**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
35190.43	118142.26	7362.42
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
2950.00	2950.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 48

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(c) Other Political Committees (such as PACs)		
0.00	450.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))		
2950.00	3400.00	0.00
21. OTHER DISBURSEMENTS		
51600.00	51600.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)		
89740.43	173142.26	7362.42

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

58205.00	177392.00	25.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

34890.43	118142.26	7062.42
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	28897.75
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	61455.00
25. SUBTOTAL (add Line 23 and Line 24).....	90352.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	89740.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	612.32

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Halloran 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Kenneth F. Abramowitz**

Mailing Address 369 Lexington Avenue  
17th Floor

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NGN Capital executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : SA11AI.5365**

Amount of Each Receipt this Period  
850.00

**B.** Full Name (Last, First, Middle Initial)  
**Tariq M. Afridi**

Mailing Address 9213 103rd Avenue, 1st Floor

City State Zip Code  
Ozone Park NY 11417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : SA11AI.5258**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Ori D. Alpert**

Mailing Address 85-20 Abingdon Road

City State Zip Code  
Kew Gardens NY 11415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JC Dwight, Inc. real estate development

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : SA11AI.5459**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Anat Rotlevi Barnes**

Mailing Address 1316 133rd Place

City State Zip Code  
College Point NY 11356

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFC Industries manufacturer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012

**Transaction ID : SA11AI.5457**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Benny Besson**

Mailing Address 2516 Randy Lane

City State Zip Code  
Bellmore NY 11730

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
n/a retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2012

**Transaction ID : SA11AI.5319**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Cassidy's Ale House Corp.**

Mailing Address 7502 31st Avenue

City State Zip Code  
East Elmhurst NY 11370

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11AI.5461**

Amount of Each Receipt this Period  
500.00

NOTE: To be refunded

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Frank P. Castilione**

Mailing Address 800 Motts Cove Road, N.

City Roslyn State NY Zip Code 11576

FEC ID number of contributing federal political committee. **C**

Name of Employer Palmieri, Castilione & Assoc. Occupation attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : SA11AI.5248**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Norbert Dengler**

Mailing Address 2758 Morris Avenue

City Bronx State NY Zip Code 10468

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation asset manager/attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11AI.5355**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Emil Friedman**

Mailing Address 33 Saint Nicholas Avenue

City Lakewood State NJ Zip Code 11215

FEC ID number of contributing federal political committee. **C**

Name of Employer E & Jeryg Management Group Occupation real estate management

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : SA11AI.5252**

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 48  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Francesco Gaudesi**  
 Mailing Address 29 Wedgewood Court, E.  
 City State Zip Code  
 Glen Head NY 11545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Venetian Group, LLC general contractor  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 23 2012  
**Transaction ID : SA11AI.5268**  
 Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Eugen Gluck**  
 Mailing Address 2910 Thomson Avenue  
 City State Zip Code  
 Long Island City NY 11101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 E. Gluck Corp. c.e.o.  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 31 2012  
**Transaction ID : SA11AI.5484**  
 Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Ellen Halloran**  
 Mailing Address 120 Emerson Avenue  
 City State Zip Code  
 Floral Park NY 11001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 n/a homemaker  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 31 2012  
**Transaction ID : SA11AI.5351**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>A. Patrick Halloran</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2012	
Mailing Address 10 Roger Place		<b>Transaction ID : SA11AI.5482</b>	
City Floral Park	State NY	Zip Code 11001	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer NYC Fire Department	Occupation firefighter		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>B. Sean C. Halloran</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2012	
Mailing Address 172 Dover Parkway		<b>Transaction ID : SA11AI.5350</b>	
City Stewart Manor	State NY	Zip Code 11530	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Manor Abstract, Inc.	Occupation executive		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>C. Harris Law Group, LLP</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 25 / 2012	
Mailing Address 9614 63rd Drive, #500		<b>Transaction ID : SA11AI.5315</b>	
City Rego Park	State NY	Zip Code 11374	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer partnership	Occupation		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Harris**

Mailing Address 9614 63rd Drive, #500

City Rego Park State NY Zip Code 11374

FEC ID number of contributing federal political committee. **C**

Name of Employer Harris Law Group, LLP Occupation attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2012

**Transaction ID : SA11AI.5315.0**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Nory Hazaveh**

Mailing Address 1104 Shore Road

City Linwood State NJ Zip Code 08221

FEC ID number of contributing federal political committee. **C**

Name of Employer SOSH Architects Occupation architect

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2012

**Transaction ID : SA11AI.5348**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Charles P. Joyce**

Mailing Address P. O. Box 483

City Wellsville State NY Zip Code 14895

FEC ID number of contributing federal political committee. **C**

Name of Employer Otis Easton Service, Inc. Occupation executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2012

**Transaction ID : SA11AI.5328**

Amount of Each Receipt this Period  
5000.00

NOTE:retribution requested

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Aron Aron Kapelyns**

Mailing Address 8219 Beverly Road

City State Zip Code  
Kew Gardens NY 11415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KAI Management president

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11AI.5465**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Gonmin Kim**

Mailing Address 252-09 Brattle Avenue

City State Zip Code  
Little Neck NY 11362

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pison Capital investment advisor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2012

**Transaction ID : SA11AI.5340**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Andrew P. Kohut**

Mailing Address 152 Slucum Crescent

City State Zip Code  
Forest Hills Gardens NY 11375

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AAY Associates president

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 23 / 2012

**Transaction ID : SA11AI.5303**

Amount of Each Receipt this Period  
2250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Andrew P. Kohut**

Mailing Address 152 Slucum Crescent

City State Zip Code  
Forest Hills Gardens NY 11375

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AAY Associates president

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2012

**Transaction ID : SA11AI.5307**

Amount of Each Receipt this Period  
-250.00

**B.** Full Name (Last, First, Middle Initial)  
**Yolanda Kohut**

Mailing Address 152 Slocum Crescent

City State Zip Code  
Forest Hills Gardens NY 11375

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AAY Associates, Inc. president

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2012

**Transaction ID : SA11AI.5304**

Amount of Each Receipt this Period  
2250.00

**C.** Full Name (Last, First, Middle Initial)  
**Yolanda Kohut**

Mailing Address 152 Slocum Crescent

City State Zip Code  
Forest Hills Gardens NY 11375

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AAY Associates, Inc. president

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2012

**Transaction ID : SA11AI.5306**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>Grant Lally</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 345 Harbor Drive		<b>Transaction ID : SA11AI.5373</b>
City Oyster Bay	State NY	
Zip Code 11771		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lally & Misir	Occupation attorney	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Jo A. Lee</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 39 Foxwood Square, N.		<b>Transaction ID : SA11AI.5341</b>
City Old Tappan	State NJ	
Zip Code 07675		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Senxury Corp.	Occupation president	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Kyung Ha Lee</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 101 Winding Creek		<b>Transaction ID : SA11AI.5346</b>
City Old Tappan	State NJ	
Zip Code 07675		Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer G&G International Trading, Inc	Occupation president	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Janice Levites**

Mailing Address 360 E. 72nd Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bam Associates vice-president

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 25 / 2012

**Transaction ID : SA11AI.5310**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Kwon Ho No**

Mailing Address 43-20 Murray Street, 1st Floor

City State Zip Code  
Flushing NY 11355

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SOP Cleaning Corp. financial consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 28 / 2012

**Transaction ID : SA11AI.5334**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert Price**

Mailing Address 25 E. 86th Street, #8D

City State Zip Code  
New York NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self-employed attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 22 / 2012

**Transaction ID : SA11AI.5254**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Judith Raskin**

Mailing Address 15-78 216th Street

City Bayside State NY Zip Code 11360

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2012

**Transaction ID : SA11AI.5323**

Amount of Each Receipt this Period  
 3000.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Raskin**

Mailing Address 15-78 216th Street

City Bayside State NY Zip Code 11360

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11AI.5295**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Karen Rettner**

Mailing Address 34 Bonwit Road

City Rye Brook State NY Zip Code 10573

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2012

**Transaction ID : SA11AI.5308**

Amount of Each Receipt this Period  
 1500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Matthew Rettner**

Mailing Address 374 McLean Avenue

City: Yonkers State: NY Zip Code: 10705

FEC ID number of contributing federal political committee: **C**

Name of Employer: Rettner Management Occupation: attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 10 / 23 / 2012

**Transaction ID : SA11AI.5291**

Amount of Each Receipt this Period: 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ronald Rettner**

Mailing Address 374 McLean Avenue

City: Yonkers State: NY Zip Code: 10705

FEC ID number of contributing federal political committee: **C**

Name of Employer: Rettner Management Occupation: president

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 10 / 23 / 2012

**Transaction ID : SA11AI.5289**

Amount of Each Receipt this Period: 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Frank Richardson**

Mailing Address 245 Park Avenue

City: New York State: NY Zip Code: 10167

FEC ID number of contributing federal political committee: **C**

Name of Employer: self-employed Occupation: investor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 10 / 19 / 2012

**Transaction ID : SA11AI.5246**

Amount of Each Receipt this Period: 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Dov Sandberg**

Mailing Address 31-24 Avenue L

City State Zip Code  
Brooklyn NY 11218

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
E & Jeryg Management Group real estate management

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 22 / 2012

**Transaction ID : SA11AI.5250**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Hyun Joong Song**

Mailing Address 17 Shari Lane

City State Zip Code  
East Northport NY 11731

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Procargo Express, Inc. executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2012

**Transaction ID : SA11AI.5338**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Spence Law Office, P.C.**

Mailing Address 500 N. Broadway, #129

City State Zip Code  
Jericho NY 11753

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11AI.5476**

Amount of Each Receipt this Period  
500.00

NOTE: To be refunded

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Peter R. Sutich**

Mailing Address 16924 24th Road

City State Zip Code  
Whitestone NY 11357

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Avaya engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2012

**Transaction ID : SA11AI.5433**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Hillary Terline**

Mailing Address 18705 Aberdeen Road

City State Zip Code  
Jamaica NY 11432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Construction Force Services president

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2012

**Transaction ID : SA11AI.5287**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Jay Terline**

Mailing Address 18705 Aberdeen Road

City State Zip Code  
Jamiaca NY 11432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Construction Force Service contractor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2012

**Transaction ID : SA11AI.5285**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**600.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Robert L. Turner**

Mailing Address 175 Ocean Avenue

City State Zip Code  
Breezy Point NY 11697

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.S. House of Representatives congressman

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 23 / 2012

**Transaction ID : SA11AI.5278**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Jerry Wartski**

Mailing Address 142 W. 49th Street, #PH-A

City State Zip Code  
New York NY 10019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self-employed real estate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11AI.5428**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert J. Weinbrown**

Mailing Address 8006 47th Avenue, #4K

City State Zip Code  
Elmhurst NY 11373

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2012

**Transaction ID : SA11AI.5317**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2900.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>A. Chang H. Yoo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2012	
Mailing Address 76-08 265th Street		<b>Transaction ID : SA11AI.5336</b>	
City New Hyde Park	State NY	Zip Code 11040	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer San Realty Corp.	Occupation realtor		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>B. James H. Yoo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2012	
Mailing Address 21-50 33rd Road, #14C		<b>Transaction ID : SA11AI.5343</b>	
City Astoria	State NY	Zip Code 11106	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer self-employed	Occupation accountant		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. Philip Zerillo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2012	
Mailing Address 148-29 Cross Island Parkway		<b>Transaction ID : SA11AI.5260</b>	
City Whitestone	State NY	Zip Code 11357	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00	
Name of Employer self-employed	Occupation accountant		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<b>TOTAL</b> This Period (last page this line number only).....	55400.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 48	
	<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
			<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

**A.** Full Name (Last, First, Middle Initial)  
**New York State Conservation Party**

Mailing Address 486 78th Street

City State Zip Code  
Brooklyn NY 11209

FEC ID number of contributing federal political committee. **C** C00282343

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

**Transaction ID : SA11B.5423**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 48
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Albania American Public Affairs Committee**

Mailing Address 1940 Commerce Street, #108

City Yorktown Heights State NY Zip Code 10598

FEC ID number of contributing federal political committee. **C** C00278689

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : SA11C.5244**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**American Kennel Club, Inc. PAC**

Mailing Address 260 Madison Avenue, 4th Floor

City New York State NY Zip Code 10016

FEC ID number of contributing federal political committee. **C** C00441808

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2012

**Transaction ID : SA11C.5419**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Republican Liberty Caucus PAC**

Mailing Address 3734 43rd Street, #6

City San Diego State CA Zip Code 92105

FEC ID number of contributing federal political committee. **C** C00269241

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2012

**Transaction ID : SA11C.5425**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1300.00

1300.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 48
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel James Halloran III**

Mailing Address 166-06 24th Road

City Whitestone State NY Zip Code 11357

FEC ID number of contributing federal political committee. **C H2NY06157**

Name of Employer Occupation candidate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : SA11D.5493**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 48
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

**A.** Full Name (Last, First, Middle Initial)  
**ADP, Inc.**

Mailing Address 504 Clinton Center Drive, #4400

City State Zip Code  
Clinton MS 39056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2012

**Transaction ID : SA14.5480**

Amount of Each Receipt this Period  
 300.00  
 refund payroll administration

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

300.00

300.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 48	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>A. ADP, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 19 / 2012</b>
Mailing Address <b>504 Clinton Center Drive, #4400</b>		Amount of Each Disbursement this Period <b>69.97</b>
City <b>Clinton</b> State <b>MS</b> Zip Code <b>39056</b>	Purpose of Disbursement <b>payroll taxes</b>	Transaction ID : <b>SB17.5210</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ADP, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2012</b>
Mailing Address <b>504 Clinton Center Drive, #4400</b>		Amount of Each Disbursement this Period <b>80.00</b>
City <b>Clinton</b> State <b>MS</b> Zip Code <b>39056</b>	Purpose of Disbursement <b>payroll administration</b>	Transaction ID : <b>SB17.5407</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ballot Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2012</b>
Mailing Address <b>380 Lexington Avenue, 17th Floor</b>		Amount of Each Disbursement this Period <b>2000.00</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10168</b>	Purpose of Disbursement <b>campaign management</b>	Transaction ID : <b>SB17.5380</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2149.97</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 48	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>A. Ballot Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2012</b>
Mailing Address <b>380 Lexington Avenue, 17th Floor</b>		Amount of Each Disbursement this Period <b>2000.00</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10168</b>	Purpose of Disbursement <b>campaign management</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5387</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ballot Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 08 / 2012</b>
Mailing Address <b>380 Lexington Avenue, 17th Floor</b>		Amount of Each Disbursement this Period <b>2000.00</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10168</b>	Purpose of Disbursement <b>fundraising consulting</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5456</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. BJ's Wholesale Club</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 06 / 2012</b>
Mailing Address <b>137-05 20th Avenue</b>		Amount of Each Disbursement this Period <b>127.92</b>
City <b>College Point</b> State <b>NY</b> Zip Code <b>11356</b>	Purpose of Disbursement <b>food &amp; beverage</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5488</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4127.92</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 48			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>A. Brooksville Computer</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 1003 Whiteway Drive		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.5454</b>
City Brooksville	State FL	
Zip Code 34601	Purpose of Disbursement website services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Capital One Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address P. O. Box 1439		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : SB17.5265</b>
City Mattituck	State NY	
Zip Code 11952	Purpose of Disbursement service charge	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Capital One Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address P. O. Box 1439		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB17.5266</b>
City Mattituck	State NY	
Zip Code 11952	Purpose of Disbursement service charge	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	535.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 48			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>A. Giardino's</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2012</b>
Mailing Address <b>44-37 Douglaston Parkway</b>		Amount of Each Disbursement this Period <b>711.70</b>
City <b>Douglaston</b> State <b>NY</b> Zip Code <b>11363</b>	Category/Type	
Purpose of Disbursement <b>food &amp; beverage</b>		Transaction ID : <b>SB17.5375</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Nison Gordon</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 19 / 2012</b>
Mailing Address <b>16 Sunset Road</b>		Amount of Each Disbursement this Period <b>200.00</b>
City <b>Lawrence</b> State <b>NY</b> Zip Code <b>11559</b>	Category/Type	
Purpose of Disbursement <b>salary</b>		Transaction ID : <b>SB17.5211</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Korean Radio Broadcasting, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2012</b>
Mailing Address <b>136-56 39th Avenue, #400</b>		Amount of Each Disbursement this Period <b>5000.00</b>
City <b>Flushing</b> State <b>NY</b> Zip Code <b>11354</b>	Category/Type	
Purpose of Disbursement <b>telephone calls</b>		Transaction ID : <b>SB17.5388</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5911.70</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 48			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>A. Ryan D. Miller</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012		
Mailing Address 327 W. 21st Street, #4W			Amount of Each Disbursement this Period 1000.00		
City New York	State NY	Zip Code 10011	Transaction ID : SB17.5487		
Purpose of Disbursement fundraising consulting		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Ryan D. Miller</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2012		
Mailing Address 327 W. 21st Street, #4W			Amount of Each Disbursement this Period 1000.00		
City New York	State NY	Zip Code 10011	Transaction ID : SB17.5446		
Purpose of Disbursement fundraising consulting		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. New Stream Marketing Strategies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012		
Mailing Address 205 E. 16th Street, #3A			Amount of Each Disbursement this Period 13000.00		
City New York	State NY	Zip Code 10003	Transaction ID : SB17.5415		
Purpose of Disbursement telephone calls		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 48		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>A. Nonna's Pizzeria &amp; Tratoria</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2012
Mailing Address 22-30 154th Street		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : SB17.5472</b>
City Whitestone State NY Zip Code 11357	Purpose of Disbursement food & beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Olorin Consulting, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012
Mailing Address 190-14 37th Avenue		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.5444</b>
City Flushing State NY Zip Code 11358	Purpose of Disbursement telephone calls	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Olorin Consulting, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2012
Mailing Address 190-14 37th Avenue		Amount of Each Disbursement this Period 840.00 <b>Transaction ID : SB17.5449</b>
City Flushing State NY Zip Code 11358	Purpose of Disbursement telephone calls	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 48			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>A. Gabriella Palmieri</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 19 / 2012</b>
Mailing Address <b>1 Beaver Court</b>		Amount of Each Disbursement this Period <b>140.00</b>
City <b>Glen Head</b>	State <b>NY</b>	Zip Code <b>11545</b>
Purpose of Disbursement <b>salary</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB17.5212</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2012</b>
Mailing Address <b>144 2nd Street, 1st Floor</b>		Amount of Each Disbursement this Period <b>11.25</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105</b>
Purpose of Disbursement <b>online fundraising</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB17.5208</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 19 / 2012</b>
Mailing Address <b>144 2nd Street, 1st Floor</b>		Amount of Each Disbursement this Period <b>28.13</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105</b>
Purpose of Disbursement <b>online fundraising</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB17.5207</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>179.38</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 48			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2012</b>
Mailing Address <b>144 2nd Street, 1st Floor</b>		Amount of Each Disbursement this Period <b>4.50</b> <b>Transaction ID : SB17.5236</b>
City <b>San Francisco</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>online fundraising</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2012</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2012</b>
Mailing Address <b>144 2nd Street, 1st Floor</b>		Amount of Each Disbursement this Period <b>4.50</b> <b>Transaction ID : SB17.5264</b>
City <b>San Francisco</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>online fundraising</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2012</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 25 / 2012</b>
Mailing Address <b>144 2nd Street, 1st Floor</b>		Amount of Each Disbursement this Period <b>338.86</b> <b>Transaction ID : SB17.5398</b>
City <b>San Francisco</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>online fundraising</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2012</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>347.86</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 48			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2012</b>
Mailing Address <b>144 2nd Street, 1st Floor</b>		Amount of Each Disbursement this Period <b>22.50</b> <b>Transaction ID : SB17.5399</b>
City <b>San Francisco</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>online fundraising</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2012</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2012</b>
Mailing Address <b>144 2nd Street, 1st Floor</b>		Amount of Each Disbursement this Period <b>0.90</b> <b>Transaction ID : SB17.5400</b>
City <b>San Francisco</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>online fundraising</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2012</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2012</b>
Mailing Address <b>144 2nd Street, 1st Floor</b>		Amount of Each Disbursement this Period <b>4.51</b> <b>Transaction ID : SB17.5403</b>
City <b>San Francisco</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>online fundraising</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2012</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>27.91</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 48			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 144 2nd Street, 1st Floor		Amount of Each Disbursement this Period 22.51
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement online fundraising	Transaction ID : SB17.5401
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 144 2nd Street, 1st Floor		Amount of Each Disbursement this Period 122.18
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement online fundraising	Transaction ID : SB17.5402
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2012
Mailing Address 144 2nd Street, 1st Floor		Amount of Each Disbursement this Period 1.13
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement online fundraising	Transaction ID : SB17.5404
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	145.82
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 48			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>A. Prime Time Transportation, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 01 / 2012</b>
Mailing Address <b>23-20 Jackson Avenue</b>		Amount of Each Disbursement this Period <b>115.05</b>
City <b>Long Island City</b>	State <b>NY</b>	Zip Code <b>11101</b>
Purpose of Disbursement <b>transportation</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB17.5412</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Printing Express</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 25 / 2012</b>
Mailing Address <b>160-13 Hillside Avenue</b>		Amount of Each Disbursement this Period <b>400.00</b>
City <b>Jamaica</b>	State <b>NY</b>	Zip Code <b>11432</b>
Purpose of Disbursement <b>printing</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB17.5381</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Printing Express</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 25 / 2012</b>
Mailing Address <b>160-13 Hillside Avenue</b>		Amount of Each Disbursement this Period <b>1200.00</b>
City <b>Jamaica</b>	State <b>NY</b>	Zip Code <b>11432</b>
Purpose of Disbursement <b>printing</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB17.5382</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1715.05</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 48			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>A. Printing Express</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 160-13 Hillside Avenue		Amount of Each Disbursement this Period 625.00 <b>Transaction ID : SB17.5411</b>
City Jamaica	State NY	
Zip Code 11432	Purpose of Disbursement printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Robert Watkins &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2012
Mailing Address 610 S. Boulevard		Amount of Each Disbursement this Period 1600.00 <b>Transaction ID : SB17.5451</b>
City Tampa	State FL	
Zip Code 33606	Purpose of Disbursement accounting services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address P. O. Box 689020		Amount of Each Disbursement this Period 157.80 <b>Transaction ID : SB17.5239</b>
City Des Moines	State IA	
Zip Code 50368	Purpose of Disbursement office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2382.80
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 48	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>A. Asher Taub</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2012
Mailing Address 84-32 Lefferts Blvd.		Amount of Each Disbursement this Period 255.00 <b>Transaction ID : SB17.5450</b>
City Kew Gardens	State NY	
Zip Code 11415	Purpose of Disbursement see memo entry	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. New York Department of State</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 123 William Street		Amount of Each Disbursement this Period 255.00 <b>Transaction ID : SB17.5450.0</b> <b>[MEMO ITEM]</b>
City New York	State NY	
Zip Code 10038	Purpose of Disbursement research	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 1444 150th Street		Amount of Each Disbursement this Period 18.95 <b>Transaction ID : SB17.5214</b>
City Flushing	State NY	
Zip Code 11357	Purpose of Disbursement postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	273.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 48	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2012</b>
Mailing Address <b>1444 150th Street</b>		Amount of Each Disbursement this Period <b>135.00</b> <b>Transaction ID : SB17.5238</b>
City <b>Flushing</b> State <b>NY</b> Zip Code <b>11357</b>	Purpose of Disbursement postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2012</b>
Mailing Address <b>1444 150th Street</b>		Amount of Each Disbursement this Period <b>18.95</b> <b>Transaction ID : SB17.5240</b>
City <b>Flushing</b> State <b>NY</b> Zip Code <b>11357</b>	Purpose of Disbursement postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2012</b>
Mailing Address <b>1444 150th Street</b>		Amount of Each Disbursement this Period <b>12.95</b> <b>Transaction ID : SB17.5263</b>
City <b>Flushing</b> State <b>NY</b> Zip Code <b>11357</b>	Purpose of Disbursement postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>166.90</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 48	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2012</b>
Mailing Address <b>1444 150th Street</b>		Amount of Each Disbursement this Period <b>18.95</b> <b>Transaction ID : SB17.5377</b>
City <b>Flushing</b> State <b>NY</b> Zip Code <b>11357</b>	Purpose of Disbursement postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2012</b>
Mailing Address <b>1444 150th Street</b>		Amount of Each Disbursement this Period <b>18.95</b> <b>Transaction ID : SB17.5409</b>
City <b>Flushing</b> State <b>NY</b> Zip Code <b>11357</b>	Purpose of Disbursement postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 05 / 2012</b>
Mailing Address <b>1444 150th Street</b>		Amount of Each Disbursement this Period <b>18.95</b> <b>Transaction ID : SB17.5486</b>
City <b>Flushing</b> State <b>NY</b> Zip Code <b>11357</b>	Purpose of Disbursement postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>56.85</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 48	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>A. Alexa Voskerichian</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 19 / 2012</b>
Mailing Address <b>40-25 171st Street</b>		Amount of Each Disbursement this Period <b>250.00</b>
City <b>Flushing</b> State <b>NY</b> Zip Code <b>11358</b>	Purpose of Disbursement <b>salary</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>SB17.5213</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>34671.11</b>

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 48	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>A. Judith Raskin</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 15-78 216th Street		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB20A.5447</b>
City Bayside	State NY Zip Code 11360	
Purpose of Disbursement contribution refund	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Thomas Lavin Attorney at Law, PC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 42-40 Bell Blvd., #605		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB20A.5232</b>
City Bayside	State NY Zip Code 11361	
Purpose of Disbursement contribution refund	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	750.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 48
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>A. New York Republican Federal Campaign Comm.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 19 / 2012</b>
Mailing Address <b>315 State Street</b>		Amount of Each Disbursement this Period <b>18500.00</b>
City <b>Albany</b> State <b>NY</b> Zip Code <b>12210</b>	Purpose of Disbursement excess funds	<b>Transaction ID : SB21.5206</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New York Republican Federal Campaign Comm.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2012</b>
Mailing Address <b>315 State Street</b>		Amount of Each Disbursement this Period <b>14000.00</b>
City <b>Albany</b> State <b>NY</b> Zip Code <b>12210</b>	Purpose of Disbursement excess funds	<b>Transaction ID : SB21.5267</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. New York Republican Federal Campaign Comm.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2012</b>
Mailing Address <b>315 State Street</b>		Amount of Each Disbursement this Period <b>5000.00</b>
City <b>Albany</b> State <b>NY</b> Zip Code <b>12210</b>	Purpose of Disbursement excess funds	<b>Transaction ID : SB21.5299</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>37500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 48
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Halloran 2012**

Full Name (Last, First, Middle Initial) <b>A. New York Republican Federal Campaign Comm.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 25 / 2012</b>
Mailing Address <b>315 State Street</b>		Amount of Each Disbursement this Period <b>10100.00</b> <b>Transaction ID : SB21.5383</b>
City <b>Albany</b> State <b>NY</b> Zip Code <b>12210</b>	Purpose of Disbursement excess funds	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New York Republican Federal Campaign Comm.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2012</b>
Mailing Address <b>315 State Street</b>		Amount of Each Disbursement this Period <b>4000.00</b> <b>Transaction ID : SB21.5386</b>
City <b>Albany</b> State <b>NY</b> Zip Code <b>12210</b>	Purpose of Disbursement excess funds	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>14100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>51600.00</b>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Halloran 2012**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Cassidy's Ale House Corp.</b>	Nature of Debt (Purpose): contribution refund
Mailing Address 7502 31st Avenue	
City State Zip Code East Elmhurst NY 11370	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.5491</b>	
Amount Incurred This Period 500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Daniel D. Baek, P.C.</b>	Nature of Debt (Purpose): legal services
Mailing Address 42-40 Bell Blvd., #208	
City State Zip Code Bayside NY 11361	

Outstanding Balance Beginning This Period 1500.00	<b>Transaction ID : SD10.4142</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Paul Gullo</b>	Nature of Debt (Purpose): campaign management
Mailing Address P. O. Box 119	
City State Zip Code Penfield NY 14526	

Outstanding Balance Beginning This Period 6000.00	<b>Transaction ID : SD10.4269</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6000.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	8000.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Halloran 2012**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Paul Gullo**

Mailing Address P. O. Box 119

City State Zip Code  
Penfield NY 14526

Nature of Debt (Purpose):  
campaign management

Outstanding Balance Beginning This Period **8500.00** Transaction ID : SD10.5017

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **8500.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Robert Watkins & Company**

Mailing Address 610 S. Boulevard

City State Zip Code  
Tampa FL 33606

Nature of Debt (Purpose):  
accounting services

Outstanding Balance Beginning This Period **0.00** Transaction ID : SD10.5453

Amount Incurred This Period **7052.19** Payment This Period **0.00** Outstanding Balance at Close of This Period **7052.19**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Dave Sieling**

Mailing Address 15-06 150th Street

City State Zip Code  
Whitestone NY 11357

Nature of Debt (Purpose):  
grassroots coordinating

Outstanding Balance Beginning This Period **2000.00** Transaction ID : SD10.4270

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **2000.00**

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<b>17552.19</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Halloran 2012**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Dave Sieling</b>	Nature of Debt (Purpose): grassroots coordinating
Mailing Address 15-06 150th Street	
City State Zip Code Whitestone NY 11357	

Outstanding Balance Beginning This Period 4000.00	<b>Transaction ID : SD10.5019</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Spence Law Office, P.C.</b>	Nature of Debt (Purpose): contribution refund
Mailing Address 500 N. Broadway, #129	
City State Zip Code Jericho NY 11753	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.5492</b>	
Amount Incurred This Period 500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	4500.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	30052.19
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	30052.19